

Health Department, City of Baltimore. 9<sup>th</sup>  
Permit No. 98852 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, Peter Leschmeyer 25 March 1887  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }  
Sex, Male or Female, { Cross out the word not required in this line. } male  
Age, 67 Years, 10 Months, Days.  
Color, white  
Married, Single, Widow or Widower, { Cross out the words not required in this line. } widower  
Occupation, farmer  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Priedseltz, Alsace, Lorraine  
Duration of Residence in the City of Baltimore, 2 years  
Place of Death, { Give Street and Number. } 227 S. Sharp Street  
Cause of Death, { First (Primary), Internal tumor  
Second (Immediate), Weakness  
Duration of Last Sickness, 2 years  
All the above information should be furnished by the Physician.  
Place of Burial, St. Alphonsus C.  
Date of Burial, March 28  
{ Undertaker, B. Hark  
Place of Business, 115 West Address, 720 N. Howard Street  
Medical Attendant, L. E. Reinhard M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98853 Office of Registrar of Vital Statistics.

Ward 15<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, Mar 26-87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Seibel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 Years, + Months, — Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, { Give Street and Number. } Old (302) (922) Charles st

Cause of Death, { First (Primary), Second (Immediate), } Senile Debility & Nostalgia

Duration of Last Sickness, Several days in bed.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 28

{ Undertaker, Henry Bricle

{ Place of Business, Hennetta St

Georg Stuss M. D.  
Medical Attendant.

Address, 9. E. Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]



# Health Department, City of Baltimore.

Permit No. 98852 Office of Registrar of Vital Statistics.

Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 26<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes E. Durings

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 3 Years, 2 Months, 19 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md

Duration of Residence in the City of Baltimore, 2 yrs & 1 mo

Place of Death, { Give Street and Number. } 1028 Hopkins Ave

Cause of Death, { First (Primary), Second (Immediate), } Capillary Bronchitis  
Asthma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co. Md

Date of Burial, March 28<sup>th</sup>

Undertaker, J. M. Hall } John O. Pennington M. D.  
Medical Attendant.

Place of Business, #421 Hanover St Address, 135 N Carrollton Ave

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[OVER.]

4609 Transit



# Health Department, City of Baltimore.

Permit No. 28855 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 26. / 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sallie C Thoraton

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 38 Years, 11 Months, 24 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Some years

Place of Death, { Give Street and Number. } 410 Pearl St.

Cause of Death, { First (Primary), Consumption (Tuberc. disease) Generally }  
Second (Immediate), Dropsy General

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Union Burial Co (by boat)

Date of Burial, March 27-1887

{ Undertaker, Wm Weaver } W. F. A. Kemp M. D.  
Medical Attendant.

{ Place of Business, 738 N. Eutan St } Address, 305 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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4608 Transit [OVER.]



# Health Department, City of Baltimore.

Permit No. 98856 Office of Registrar of Vital Statistics.

Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 26 / 1884

Full Name of Deceased, Isabel & Edward  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, 10 Months,  Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Lady

Birth Place, Virginia  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, 240 S. Caroline  
{ Give Street and Number. }

Cause of Death, Grand old heart not strong  
and glomerulitis  
gastro-enteritis  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 8 weeks — or two months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, March 28<sup>th</sup> 1884

Undertaker, Lenny Whitehill M. D.

Place of Business, 208 S. Broadway Address, St. W. H. H. H. H.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98857 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 26th 1887

Full Name of Deceased, Ida M Roddy

Sex, Female {Cross out the word not required in this line.}

Age, 4 Years, 15 Months, 15 Days.

Color, White

Married, Single {Cross out the words not required in this line.}

Occupation, Life

Birth Place, Baltimore {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 3

Place of Death, Centre Holliday {Give Street and Number.}

Cause of Death, Phleg. Ex. Cap. Cervic.  
Quinse  
8 days

Duration of Last Sickness, 8 days

Place of Burial, Holy Cross Cemetery

Date of Burial, March 27th 1887

Undertaker, Henry H. Meads

Place of Business, 413 E. Fayette St Address, Geo. B. Raymond M. D.  
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98858 Office of Registrar of Vital Statistics. Ward 10<sup>e</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, 3/27/87

Full Name of Deceased, My Stenneman wif Gertrude (Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 1/2 Years, 1/2 Months, 1/2 Days.

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Balto

Birth Place, Balto (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 266

Place of Death, 266 Franklin St (Give Street and Number.)

Cause of Death, Heart Semorrhage  
First (Primary), Expansion  
Second (Immediate), 1/2 hour

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cmr

Date of Burial, 3/28/87

Undertaker, J. B. Cook G. A. Hemming M. D. (Medical Attendant.)

Place of Business, 1003 Balto Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98859 Office of Registrar of Vital Statistics.

Ward 3

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### CERTIFICATE OF DEATH.

Date of Death, March 26/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susanna Utz

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 54 Years, Months, Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Son

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, { Give Street and Number. } 126 S. Register St.

Cause of Death, { First (Primary), Second (Immediate), } Invasion of the bowels

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemed Gen.

Date of Burial, March 29/87

Undertaker, Michael Funk

Place of Business, 1400 Bank St. Address, 129 S. Broadway

R. W. Mansfield M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. 98860 Office of Registrar of Vital Statistics. Ward 61

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 27/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillian E. Snyder

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 21 Years, 3 Months, 2 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bacto. city

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 2226 Fairmount ave

Cause of Death, { First (Primary), Second (Immediate), } Pelvic Peritonitis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel cemetery

Date of Burial, March 29<sup>th</sup> 1887

Undertaker, Lenny & Mutcher R. W. Mansfield M. D.

Medical Attendant.

Place of Business, 208 S Broadway Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98861 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ten days after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christine Zink

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, 8 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give Street and Number. } 712 S. Charles St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Deed Hill Park Cem

Date of Burial, March 29th 1887

{ Undertaker, Julius Kachler } G. A. Strauss M. D.

Medical Attendant.

{ Place of Business, Sharp's Cross } Address, 9 C. Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]